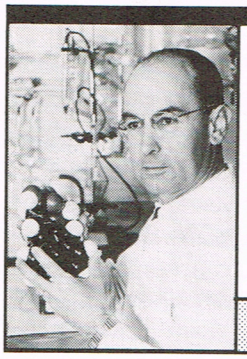

THE ALBERT HOFMANN FOUNDATION

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"DEATH-REBIRTH" PSYCHOTHERAPY WITH KETAMINE

Igor Kungurtsev, M.D.

The recent changes in the former Soviet Union have allowed Russian and American researchers to communicate freely for the first time since the October Revolution. Prior to these changes, the story of Russian psychedelic research had remained a mystery in the West. The following article is one of the first reports of psychedelic research to emerge from Russia as well as the first published outcome study of ketamine-assisted psychotherapy.

Igor Kungurtsev, M.D. is a research associate at the Bekhterev Psychoneurological Research Institute in St. Petersburg, Russia, and a psychiatrist in private practice. Kungurtsev is also Vice Chairman of the St. Petersburg Transpersonal Association, and a member of the Board of Advisors of the Albert Hofmann Foundation.

About five years ago, our research team obtained permission from the Central Pharmacological Committee in Moscow to use ketamine as an adjunct to psychotherapy with alcoholics. Ketamine is an anesthetic used in modern medicine which can also be used in subanesthetic doses to safely and reliably induce transpersonal states with profound healing potential. This paper will review the phenomenology of the ketamine state, the procedure for ketamine-assisted psychotherapy, and the preliminary results of our study with alcoholic and neurotic patients.

Ketamine, 2-(o-chlorophenyl)-2-(methyl-amino) cyclohexanone HCL, has several advantages over other psychedelics as an adjunct to psychotherapy. It is short acting, the psychoactive effects lasting about an hour. In addition, ketamine is not scheduled like other psychedelics. In lower doses (about one sixth to one tenth of that usually used in surgery), it induces profound transpersonal states. My colleagues and I adopted the transpersonal paradigm as a result of our personal and clinical experience with ketamine before we had become acquainted with the literature on psychedelics and altered states of consciousness.

At first, we attempted to use ketamine solely as a means of increasing the patient's suggestibility. The psychotherapist could then place suggestions of sobriety more deeply into the patient's subconscious.

Anesthesiologists have reported that ketamine frequently induces states of confusion, feelings of death and dying, and unpleasant hallucinations. This is known as the "emergence reaction", and is considered to be a negative

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J.H.

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FROM THE PRESIDENT

News from Washington

The National Institute of Drug Abuse (NIDA) and the Food and Drug Administration (FDA) recently held two days of hearings on psychedelic research, including the first technical update on psychedelics in fourteen years. The climate for psychedelic research is changing, and these auspicious developments are reported by Richard Yensen, Ph.D., who was in attendance at these meetings in Bethesda, Maryland. Two members of our Advisory Board, Alexander Shulgin, Ph.D., and David Nichols, Ph.D., were invited presenters.

Board of Advisors

We would like to welcome the first Russian members of our Board of Advisors, Igor Kungurtsev, M.D., and Olga Luchakova, M.D., Ph.D. Dr. Kungurtsev is Research Associate, Bekhterev Psychoneurological Research Institute, St. Petersburg, Russia, and a psychiatrist in private practice. He has recently conducted a study of ketamine-assisted psychotherapy. This issue of our Bulletin includes the first publication of Dr. Kungurtsev's ketamine study. Olga Luchakova, M.D., Ph.D., is Senior Research Associate, Pavlov Institute for Neurophysiology, St. Petersburg. She holds a degree in medicine and a doctorate in neuroscience.

We would also like to welcome George Greer, M.D., a psychiatrist in private practice in Santa Fe, New Mexico, and a pioneer of MDMA-assisted psychotherapy.

Board of Directors

We would like to extend a warm welcome to Michael Gilbert, who has recently joined our Board of Directors.

Building

We are in the process of moving to a new location. Our Computer Bulletin Board is temporarily off-line until we relocate. You will be notified as soon as it goes back on-line. Voice mail for the Foundation is still (310) 281-8110.

European Conference

The European College for the Study of Consciousness is sponsoring an international conference entitled "Worlds of Consciousness" to be held in Göttingen, Germany from September 24-27, 1992. Albert Hofmann will be giving the keynote address: "The Eleusinian Mysteries and Their Message for the Modern World". The next issue of the Bulletin will feature a report on this conference.

Membership

We cordially invite you to join the Foundation if you are not already a member.

Sincerely,

Robert D. Zanger
President and Co-Founder

PURPOSE

The purpose of The Albert Hofmann Foundation is to establish a library and world information center dedicated to the scientific study of human consciousness. Our unique library, art gallery and conference center houses an extensive collection of books, journals, research reports and art.

"DEATH-REBIRTH" PSYCHOTHERAPY WITH KETAMINE

Continued from page 1

side-effect of ketamine in surgical patients who are unprepared for these psychological effects.

Subsequently, we had the idea that we could associate these feelings of death and dying with the smell and taste of alcohol (an aversive conditioning model). Not long after we started our research, however, we came across situations which were incompatible with this paradigm. After ketamine injections, many of our patients reported very strange experiences. They began to report that they felt disconnected from their bodies, and that they were "floating" in strange worlds. Some of them, for the first time in their lives, spoke about God, the meaning of life, and their relationships. Although we tried to help our patients form negative associations and develop an aversion to alcohol, their experience was more profound and mystical, sometimes with no relationship to our suggestions or psychotherapy.

At this point, I undertook a series of self-administrations which completely changed my conception of the ketamine experience. I tried various dosages in order to choose the level most appropriate for our patients. Three or four minutes after the first injection, I felt this world begin to disappear, and I experienced myself as a point of consciousness which was floating in strange worlds. The most unusual feeling was that I had no body, yet somehow "I" existed. The next development was indescribable. During the first stage, I seemed to exist only as a point of consciousness, but still, "I" existed. Then there was a stage where even this disembodied sense of self began to disappear, and I felt a real terror of dying. At that moment I managed to surrender and let go. All that remained was awareness; there was no "I" as *me*, as an individual point of consciousness. It was as if there existed only that which was aware of itself.

This experience profoundly changed my view of ketamine, and gave me new insight into some esoteric concepts of Buddhism and other Eastern philosophies. It profoundly changed my understanding of death and dying as well.

For several days after this session, I had a feeling of inner surrender, as if my life was a game that I was playing very easily. While I performed my daily activities, I was very calm and centered inside. It was a remarkable feeling. After this self-experimentation, we changed our paradigm and adopted a transpersonal approach. We now refer to this treatment as "Death-Rebirth" Psychotherapy.

All that remained was awareness; there was no "I" as *me*, as an individual point of consciousness. It was as if there existed only that which was aware if itself.

The research is done in a comparatively large hospital for the treatment of alcoholics near St. Petersburg. The patients in this hospital are all voluntary. The psychotherapy is usually limited to the area of alcohol abuse, and the goal of treatment is overcoming their so-called "alcohol denial."

A typical patient in our ketamine program stays in the hospital about one month. During the first phase of therapy, we treat their alcohol withdrawal syndrome and any related anxiety or affective disorders. Then, we start rational, cognitive psychotherapy in order to establish a mental set of sobriety and a negative attitude toward alcohol. However, we go beyond the problem of alcohol abuse to explore broader issues including the patient's life history, relationships, and world view.

Later in the program, we tell them that they will undergo a new treatment which will allow them to see and feel the subconscious roots of their problems. We help our patients understand that their alcohol problem is only a superficial symptom - the manifestation of more deeply rooted problems.

On the day of the session, we give the patient an intragluteal injection of about 150 mg. of ketamine (approx. 2 mg. per kg.). We prefer the intramuscular route because the effect is more gradual, and the transpersonal state lasts longer. With an intravenous injection, the effect lasts only about fifteen to twenty minutes, but after an intramuscular injection, it lasts from about forty-five minutes to an hour.

We tell the patient that they will enter some unusual states of consciousness and that they may feel detached from their body. We also instruct them to surrender fully to the experience. I gave up our original approach

of trying to induce something specific in the patient during the session. Under the influence of ketamine, especially in these doses, one has no direct contact with ordinary reality. The psychotherapist can try to influence the experience, but it will be in vain. We are available, however, to give emotional support if the patient requests it.

At the beginning of ketamine sessions, people often experience the separation of consciousness from the body and the dissolving of the body ego. For many patients, it is a profound insight that they can exist without their bodies as pure consciousness or pure spirit.

As with other psychedelics, music also enhances the ketamine experience. We have found composers whose music is particularly conducive for ketamine sessions, such as Jean Michael Jarre or Kitaro. After forty-five minutes to an hour, the patient slowly comes back from the experience. During the recovery period, which takes about an hour and a half or two hours, the patient begins to feel ordinary reality returning, but part of their consciousness is still in another world, another dimension. At this point in the session, the patient usually begins to describe their experience, and we begin some interpretation. After the session, the patient goes to rest, and we ask them to write down a detailed report of their experience that evening. The next day, we have a follow-up session which includes an in-depth discussion of their experience. When several patients have ketamine sessions on the same day, we do it as group therapy. We gather these patients in a group the day before treatment and the day after, because when they all share the experience, it is usually more powerful.

Regarding spiritual experiences induced by ketamine, it is interesting that many people who never thought about spirituality or the meaning of life reported having experiences that one might read about only in spiritual texts or Eastern teachings. At the beginning of ketamine sessions, people often experience the separation of consciousness from the body and the dissolving of the body ego. For many patients, it is a profound insight that they can exist without their bodies as pure consciousness or pure spirit. Many of them said that as a result of their experience, they understood the Christian notion of the separation of the soul and the body, and that they now believe some part of them will continue to exist after death. There were several cases where people reported contact with God, but this is usually not an anthropomorphic figure. They describe an ocean of brilliant white light, sometimes a golden white light, which is filled with love, bliss and energy. After coming back to ordinary consciousness, they feel sure that they have had contact with a higher power. There were also several cases where people saw Jesus Christ approaching them. It seems ironic that so many of our patients, through their own experience, were converted to a more spiritual approach to life, despite living in a country where people have been brought up for generations with atheism.

A second observation is that many patients report the existence of other dimensions or other worlds that are parallel to ours. They usually report that these other dimensions seem as real or more real than our own. Some patients experience this "ego death", or the dissolving of the individual sense of self, which I had experienced. Of course they do not use these terms. They might say, "I ceased to exist, I disappeared, yet still something existed. It was like I became the whole universe or the whole cosmos". In my experience, I also got the feeling of the collapse of space and time, and I really felt that space and time were illusions. It was as if I had collapsed into a single point with no space and no time, and it was from this point that the whole universe seemed to be manifesting.

Another interesting observation, although not a topic of our research, is the correlation between the type of personality and the type of experience under the influence of ketamine. People who are very controlled and have difficulties letting go, or who have problems with relationships, often have negative experiences with ketamine. For them, the dissolving of the individual sense of self is horrible. For other patients who are more relaxed and able to surrender, who have a deep capacity to love, the experience is usually blissful, even ecstatic.

The action of ketamine is somewhat unique in comparison with other psychoactive substances. Stanislav Grof has divided the psychedelic experience and other experiences of altered states of consciousness into three main categories; the psychodynamic level, where people recall the past events of their lives, especially childhood memories; the perinatal level, or the recollection of the birth experience; and the

transpersonal level, which includes the mystical experience. "Transpersonal" refers to experiences which go beyond one's individual personality and involve the transcendence of the spatial or temporal boundaries of ordinary consciousness. One might also experience mythological themes or archetypal figures like the god or goddess, or the expansion of consciousness to encompass the whole cosmos, etc.

Ketamine differs from other psychedelics in that in medium doses, it usually it does not engage the psychodynamic level. Instead, it almost "throws" one into the transpersonal realm. The other major psychedelics, such as LSD or mescaline, are more gradual and gentle, and in medium doses they usually engage the psychodynamic level. To induce transpersonal states, higher doses of these substances are normally required.

Of course, the effects of ketamine are also a function of dosage. In low doses, one remains in contact with ordinary reality, but with eyes closed one can see some strange images. They are not human forms, but usually geometric shapes like spheres or triangles, or simply open spaces.

Following treatment, the patient is released from the hospital. Every two or three months, we see them for follow-up visits. We have collected data on patients who have undergone ketamine-assisted psychotherapy after first spending one month in the hospital. About seventy-eight per cent of these patients remain sober for one year following treatment. This is a very high success rate in comparison with other programs for alcoholism. In the control group, which was composed of patients who were in the same hospital, who were the same average age, and who were in the same stage of the development of alcoholism, the percentage who remained sober for one year was about forty-five to fifty per cent. So we have proven statistically that the ketamine experience is very useful. We believe that these positive results in maintaining sobriety were not achieved simply because we were more successful in establishing a set of sobriety and a deeper negative attitude toward alcohol, but rather because of changes in the values, relationships, and world view of these patients. They began to see other goals, other values, other pleasures in their lives, and this was the main reason for their sobriety. For us, this was much more interesting than the limited issue of keeping sober.

We also administered several psychological tests before and after the ketamine treatment. We gave patients the MMPI, and after the session the scales which indicated anxiety and depression decreased statistically, even though these patients were not primarily neurotic or depressive. The same results were also confirmed by the Zung anxiety and depression scales, but we were interested in more than these clinical symptoms. We also tried to measure changes in values and world view after treatment. It was difficult to find an instrument to measure these changes, but the two scales we found most useful were the Omega Life Changes Questionnaire by Kenneth Ring, and the Self-Assessment Spirituality Scale by Charles Whitfield. Kenneth Ring is a professor of psychology at the University of Connecticut who has done extensive research on near-death experiences, and he created The Life Changes Questionnaire. It consists of some thirty questions that assess the individual's values, goals, and attitudes toward material things, etc. Our patients showed the most significant changes in exactly this scale. According to the results of this questionnaire, they shifted to a more spiritual world view. We also used the Self-Assessment Spirituality Scale by Charles Whitfield, an American researcher who has tried to introduce spirituality into recovery from alcoholism. In addition, we developed our own instrument, called the "repertory grid", which measures psychosemantic fields. It measures the meanings of key words such as life, love, death, despair, Jesus Christ, etc. Through this tool, we can measure changes in the patient's attitude toward various aspects of life. This scale also showed that our patients shifted to a wider, more spiritual world view.

Some patients began to write poems after their ketamine sessions, while others began to paint. Many of them began to feel more connected with nature and reported, for example, that after treatment they went to the countryside more often.

Our anecdotal observations also confirmed these changes. Some patients began to write poems after their ketamine sessions, while others began to paint. Many of them began to feel more connected with nature and reported, for example, that after treatment they went to the countryside more often. When some

patients went back to their families, they noticed problems in their relationships, or certain idiosyncrasies of their spouses and relatives which they were unaware of before treatment. Ketamine seems to increase the capacity for detached observation.

I would also like to relate some unusual anecdotes connected with our research. About one year after we began our study, a group composed of two men and one woman appeared at our hospital who were very strange looking, wore strange clothes, and had strange, shiny eyes that seemed out of focus. They called themselves "magicians", and said that they sensed in their meditations and magic practice that in this hospital, some people were throwing other souls into the "astral plane". They had come to see what we were doing, like "astral police". Prior to this, we had not published the results of our work, and only a few professionals knew about it. Also, this hospital is situated in the suburbs of St. Petersburg, and is not widely known. So we described our work and showed them our hospital. They approved! They also told us that they themselves used ketamine for their underground magic practice. As far as I understood from our conversations, their practice to some extent imitates or closely parallels the practice of Carlos Casteneda. They had gone into the forest and found power spots and power plants, and practiced meditation there. This acquaintance was useful for us because, as it turned out, they had a tremendous volume of underground psychedelic literature, translated into Russian. When we shifted to the transpersonal paradigm, we began a literature search, and we sent requests to several libraries, including the main state library in Moscow. Although they probably had this literature, it was two or three years ago, before the changes in Russia, and they didn't send it to us. So the magicians gave us, for example, Peter Stafford's *Psychedelics Encyclopedia*. Later, there was another interesting episode with these magicians. One of the men told me that they also used mushrooms growing in the forest near the region of St. Petersburg to induce psychedelic states. At first I didn't believe him, but he gave me a dried specimen, and I identified it in the *Psychedelics Encyclopedia* as *Psilocybe semilanceata*.

To date, the total number of patients treated with this method is about four hundred. Our results show that ketamine-assisted psychotherapy is significantly more effective in treating alcoholism than standard non-drug psychotherapy. In addition, ketamine-assisted psychotherapy results in positive life changes which go beyond the limited goal of maintaining sobriety, including profound changes in values, relationships, and world view. In the near future, we plan to continue our work with alcoholic patients and to develop this approach further with neurotic patients using repeated ketamine sessions.

Note: The author would like to thank Robert Zanger and Blackbird Willow for their assistance in the preparation of this article.

THE OPIUM IMAGERY OF JEAN COCTEAU

William Emboden, Ph.D., F.L.S.

Jean Cocteau was born in Maisons-Laffitte, outside Paris, on July 5, 1889. He was at home in so many artistic media that he could in fact be considered the father of modern multimedia art. At the age of 18, Cocteau insinuated himself into the circle around Nijinsky, Diaghilev, and Le Ballet Russe, and in 1911, was commissioned to produce two posters for the company, then resident in Paris. The posters he designed are among the most famous in the history of this art form, and led to an invitation to choreograph a ballet for Nijinsky. Le Dieu Bleu *(1912) was only the first of several pieces he would choreograph for The Russian Ballet. Cocteau's best known film is "The Blood of a Poet" (1930), his most famous book,* Opium *(1929). He also collaborated with Igor Stravinsky, producing the libretto for the opera "Oedipus Rex" (1927). Cocteau painted, drew, wrote, acted, sculpted, and designed stage sets and costumes. He maintained that everyone should develop their own style, which he defined as a firm moral ethic. He found fashion something distasteful, something for those who have no style of their own. Whenever he noticed that others were beginning to emulate his current style, he abandoned it and moved on to create something new.*

Cocteau, who died in Milly-la-Foret on October 11, 1963 (just a few hours after Edith Piaf), experimented with drugs for most of his life. He was especially attracted to opium, a substance which had a profound effect upon his life and work. As this article by William Emboden makes clear, Cocteau's alternating bouts with intoxication and detoxification offer an important counterpoint to his periods of creativity.

The effects which psychoactive substances can have upon the creative process has been the subject of some debate. While many contemporary critics charge that the role of such plant products is destructive and negative, this view has not always prevailed. At the turn of the century, absinthe (derived from *Artemisia absinthium*, laudanum (which contained opium), Vin Mariani (a mixture of wine and cocaine), and *Cannabis* tinctures were widely available, and the use of these mind-altering substances was quite common. Many artists experimented with such drugs, and it is my assertion that these substances strongly influenced their productions.

Jean Cocteau ca. 1924 (photograph courtesy of the Severin Wunderman Museum).

One of the artists most frequently mentioned in conjunction with drug use and art is Jean Cocteau. As an artist, writer, playwright, film maker, journalist, art critic, sculptor, ceramicist (and more), Cocteau is now recognized as one of the pivotal figures in all of the arts of the twentieth century. Generally, it has been assumed that only a few of Cocteau's drawings were influenced by his opium experiences, but as his life becomes better known through the release of his diaries and a profusion of volumes on his life as an artist and writer, it becomes clear that we must reevaluate the role of opium and his many detoxifications on the imagery of Cocteau. In fact, his "celebrated

deformations" under the influence of opium are worthy of some considerable commentary. In a recent book, *The Visual Art of Jean Cocteau*, I presented some introductory remarks on this subject along with heretofore unseen images from Cocteau's pen. While lecturing on Cocteau in New York at the Alliance Française, I was invited to participate in a dialogue on the book for a radio program on the arts. Before going on the air, the arbiter of the discussion stated emphatically that she did not want to hear anything that might suggest that opium may have played a creative and meaningful role in Cocteau's imagery. This irrational censorship, born of the current prevailing (American) attitude to simplistically reject any role which psychoactive agents have played in art, has prompted this article. For one cannot understand the genesis of much of Cocteau's literary and iconographic work without understanding the role of opium in his life.

... One cannot understand the genesis of much of Cocteau's literary and iconographic work without understanding the role of opium in his life.

While Cocteau is known to have experimented with opium in the late teens of the century, he did not involve himself in any pattern of use until 1924. At this time, after the loss of several close friends, he came upon the famous musicologist and literary figure Louis Laloy, whose Chinese readings (Laloy was an accomplished linguist) had led to his famous book on opium *Le Livre de la Fumée*. Laloy helped to make opium smoking somewhat fashionable. Two musicians who were a part of the famous group *Les Six*, Georges Auric (remembered for his scores for Cocteau's films) and Francis Poulenc, were regular smokers of opium. With this distinguished company, Cocteau initiated his opium reveries in Monaco in January of 1924. To be sure, he had shared a few pipes previously with Pablo Picasso, who had stated that "the odor of opium is the least foolish scent in the world." He also had opium sessions with the famed "King of Poets", Guillaume Apollinaire, but patterned smoking awaited his flight from Paris to Monaco and the flight from grief to tranquility. While his friends pointed out that Cocteau was making "demands upon the drug", he felt that eleven pipes a day was not excessive. Besides, he was producing a large number of very accomplished line drawings, mostly in pen and ink, but occasionally with a "skin of color".

The great impresario of the Russian Ballet, Sergé Diaghilev, had called Cocteau to Monaco to produce a ballet scenario. There, "chasing the dragon" (as certain forms of opium smoking were known from the Orient), he produced a brilliant ballet libretto entitled *Le Train Bleu* (the name of the train from Paris to the French Riviera). The ballet had nothing to do with a train, but was a caprice concerning the idle rich on the Côte d'Azur. At the same time, he was writing commentaries for, and prefaces to, the ballets *Les Fâcheux* and *Les Biches*. In addition, he wrote an adaptation of Shakespeare's *Romeo and Juliet* in which he would eventually be cast as Mercutio. Both his writing and his acting were done under enormous amounts of opium. In that same year, there appeared his book of illustrations, *Dessins*, in which many of the elongations of limb and disarticulations and distortions may be attributed to the effects of opium.

During the performances of *Romeo*, Cocteau felt that he was simultaneously attempting to deceive death and to provoke death into taking him from his grief. The pain and anguish of withdrawal had begun. He felt the opium had turned him into an insect, and that his body was cut into two pieces. His costume became the insect's outer shell. All of this was happening in Paris, where, on June 20, 1924, his ballet opened at the Théâtre Champs-Elysées. He wrote to his friend and fellow writer André Gide, "I am trying to teach the death within me how to live." To his friend Valentine Hugo, he confided that he was smoking less and that he had "reduced the doses to the point where they do me good. I think that I shall be able to stop earlier than I expected." He had still not faced the tortures of the detoxification hospitals, of which there were several in Paris. These ranged from little more than prisons to rather chic country homes for wealthy habitues. The cure was a common one. Large doses of emetics were given along with "electrical baths". Purging and shocking the system was considered to be a brutal, but effective, therapy.

Slowly, it became obvious to Cocteau that detoxification in a sanitarium would be necessary. He could not distinguish between reality and his dreams. His absent focus of attention did not allow him to read a newspaper. He could not bear to eat other than the

small balls of opium. Chills alternated with sweating, yawning, and a running nose. "I was seeking suicide and taking massive doses." He had rented a room in the Hotel Welcome in Villefranche-sur-mer, and there he initiated a series of self-portraits by sitting before a mirror on the wardrobe door. He reproduced his face over and over again, with a nimbus, with a chameleon or iguana, with a rose. In one self-portrait, a dismembered heart appears. Names, recalled from the past, float above his head: Mozart, Radiguet, Saint-Juste, Ronsard, and Uccello (Paulo de Dono). All of his inspirations from throughout history were appearing before him and were being documented. In one portrait, his eyes shine with aureoli that turn him into a shaman of his time. These drawings were turned over to the Paris publisher Édouard Champion, who published them in a facsimile edition using the elaborate collotype printing that allowed for incredible fidelity to the originals. Cocteau entitled the edition *Le Mystère de Jean l'Oiseleur, Monologues*. Jean the Birdman was a name he had taken for himself from Uccello (bird) and the fact that Picasso was known as the Benin bird for reason of a small African statue from Benin that he prized. These "monologues" were interior meditations on the self generated by opium. They were the act of a poet tying and untying his words in order to form lines that might convey his image, and they are among the most brilliant of twentieth century self-portraits. Cocteau had captured his dreams in lines that are as compelling now as at the time of their execution. Born of a great illness generated by opium, they none the less evince a sense of reality that is seemingly heightened to eliminate all but the essential elements of Cocteau's interior being. During the latter part of 1924 and early in 1925, Cocteau continued to smoke opium while considering a return to the sacraments of the Catholic Church. He still indulged in the sacraments of the opium pipe and its ritual. To dispel any notions that he was irrational at this time, on February 17, 1925, Cocteau lectured to members of the Université des Annales on artists and scandals that he had known. As was customary, he had written the entire lecture, which was subsequently published as *La Jeunesse et le Scandale*. It is filled with the wit and intellect that have, with his other writings, placed Cocteau among the immortals of French literature.

In March of 1925, Cocteau could no longer hide the ravages of opium working in his system. He committed himself to the Thermes Urbains (Urban Baths), a private detoxification sanitarium at 15 rue Chateaubriand in Paris, for a six week incarceration. A few close friends understood the circumstances, but to his mother he wrote that he was suffering from a liver complaint. He communicated his anguish to the Catholic theologian Jacques Maritain. In his letters, he wrote of the repeated enemas and cathartics, showers, electric baths, and electrodes placed all over his body. He stated that his legs wanted to walk on the ceiling and "stretch out across the street to the building on the opposite side." Clearly, this imagery was reflecting opium dementia. Fortunately, he was allowed a drawing pad and a pencil and pen. During this period, he made a series of brilliant drawings, without any accompanying text (published in 1926 as *Maison de Santé*). In these, we see all of the anguish of this crude detoxification. There are indeed the celebrated deformations of opium as well as pain translated as line. This rare and limited edition of drawings holds a great fascination for those interested in the development of Cocteau as an artist as well as for clinicians who are fascinated by so illuminating a documentation of the pains of detoxification as revealed to them in verbal accounts.

When asked in later years why he chose opium, Cocteau responded, "I preferred an artificial equilibrium to no equilibrium at all."

When asked in later years why he chose opium, Cocteau responded, "I preferred an artificial equilibrium to no equilibrium at all." The reference conjures up Baudelaire and his "artificial paradise" under the influence of hashish. In his published *Letter to Jacques Maritain*, Cocteau stated of opium, "I do not regret the experience". In terms of artistic productivity, he had little reason for remorse, but the pain associated with the experience had been enormous. In this same *Letter*, he also stated, "Opium resembles religion to the degree that an illusionist resembles Jesus." During this period of religious fervor, opium remained one of his sacraments. It was revealed later that he had smuggled pastilles of opium into his room during the cure at Thermes Urbains.

In 1925, Cocteau returned to a room in the Hotel Welcome, and between this vista to the Mediterranean and trips to Paris, he wrote some of the finest poetry

of his career, and certainly his most famous play, *Orphée*. Few will understand the sentiments and cryptic messages of this play without insights to Cocteau's relationship to opium. At this time, he also produced the drawings for his novel *Thomas l'Imposteur*. While not as bizarre as those of *Maison Santé*, they clearly bear the hallmarks of opium imagery. Cocteau's most famous poem, *L'Ange Heurtebise*, was elicited by what he himself described as "hypnogogic hallucination" induced by opium. This splendid poem concerns the genesis of poetry as an act of "parthenogenesis". His account of the origins of the poem begin with the words "When I was heavily drugged...." More than a reverie, the poem was born of the poppy and its intoxicating milk. *Orphée* treats the same subject, but as a theater piece as opposed to poetry. From this period, there also emerges the French text for the opera-oratorio *Oedipus Rex*, written at the request of Igor Stravinsky. Perhaps one of the most significant aspects of this period collectively is that it dispels the popular myth that under the influence of opium nothing can be accomplished.

From 1925 onwards, Cocteau continued to use opium, but now the cures were in Saint Cloud, for the Thermes Urbains had been destroyed. This very pleasant hospital was beyond anything that Cocteau himself could underwrite. Only through the repeated generosity of Mademoiselle Gabrielle (Coco) Chanel could he afford these numerous extended stays. This was the period of *Le Livre Blanc* and *Le Mystère Läic*. Neither of these works bears the imprint of an author under the influence of opium, and it has been suggested by some that Cocteau used these episodes as a series of writer's holidays. The stay begun on December 16, 1928 lasted for more than twelve weeks, far beyond the time necessary for detoxification. It was here that he wrote one of his most famous books, *Opium*. Both written and illustrated by Cocteau, the book has been translated into many languages, and is among his most celebrated works. Doctors who have read the text find in it the exaggerations and distortions of the opium addict, but presented with the flare of Cocteau's genius. Here we encounter drawings of human figures constructed of opium pipes. Bones and phalloid structures are used like pilings in some architectural work. There are grotesque collages and drawings that look like they were derived from *Gray's Anatomy*. For reason of his sureness of hand, some physicians have wished to reject the notion that they were accomplished during opium reveries. Cocteau was adamant that these were indeed his "diary of a cure". Had his critics forgotten that on March 19, 1929 while on a leave from the hospital, he had presented his most recent work *Le Voix Humaine* to the "Reading Committee" of the French National Theater and received immediate acceptance?

"The Dross or the Effect of Strong Opium" (1929). This line drawing clearly shows the characteristic disarticulations of opium, and the body and spirit (out-of-body experience) made of still smoldering opium pipes (photograph courtesy of the Severin Wunderman Museum).

Despite the assertion by numerous biographers that Cocteau ended his opium experiences with this hospitalization, evidence exists to the contrary. His life would continue until October 11, 1963. Just how many hospital "cures" he subjected himself to has yet to be determined, but there were many. In 1940, the actor Jean Marais persuaded him to undertake another cure. This was certainly not his last. The same friendly persuasion from the writer Marcel Khill in 1933 had come to naught. Perhaps the most understanding statement can be found in a posthumous letter from Jean Bourgoint, who in youth had been an intimate of Cocteau and had shared pipes with him. Bourgoint and his sister Jeanne were the models for the brother and sister in Cocteau's play *Les Enfants Terribles*. Later in

life, having taken the vocation of a Catholic monk under the name "Brother Pascal", Bourgoint stated: "In Jean's life opium is only one episode among others. He let himself be dominated by it episodically only in so far as it was compatible with his poetic mission." This statement seems most extraordinary in its recognition that opium was a part of the life of a poet who saw all of art as "plastic poetry". Not only did it not thwart his artistic production but, as can be attested to by his artistic output (only a small portion of which has been chronicled here), opium was that spirit, however unkind, that released the host of demons that constitute some of the greatest literature, stage works, and images of the twentieth century.

It should be noted that during his lifetime, despite broad-ranging knowledge of his involvement with opium, Cocteau was made an honorary citizen of five countries, elected to the Royal Academy of Belgium, made Chevalier of the French Legion of Honor, awarded the International Film Critics Prize in Venice, was made a honorary member of the National Academy of Arts and Letters (USA), elected Prince of Poets in Paris, invited to accept the Norton Chair in Poetry at Harvard University, and made Commander in the French Legion of Honor. It is interesting to ponder whether this figure would today be able to gain the same recognition that was so rightfully accorded him during his lifetime. My own opinion is that these opium reveries, whether realized as poetry, theater pieces, novels, drawings, or paintings, would not suffice to prevent him from being incarcerated and removed from the world of honors now reserved for those who are, in the strictest sense, "politically correct".

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PSYCHEDELIC AND VISIONARY PAINTING

Claudia Müller-Ebeling, M.A.

The role which psychedelics might play in influencing the creative process has long been a topic of open debate. Moreover, it is not always possible to distinguish which works of art were in fact directly influenced by psychedelic experiences and which were not, for both "psychedelic" and "visionary" paintings ultimately draw from the same source - the unconscious. In the following article, Claudia Müller-Ebeling explores the controversy surrounding the role of psychedelics in the creative process and points towards a more integrated appraisal of both sides of this issue.

The creative process we call painting is fueled by a variety of motivations. Before the advent of photography, painters often strived to capture the world by making "life-like" images of that world. Landscapes, still lifes, and portraits are all examples of the realistic approach to painting. Many artists, however, drew their inspiration from worlds not normally visible. Some turned to myths, stories from the distant past, while others looked into the depths of their own selves, into their souls. The works they produced are of a profoundly different type, and speak to a different part of the viewer.

In common English usage, the term soul is used to refer to a conglomeration of mind and sensation which is difficult to grasp, an eternal entity which outlasts the human body and the material world and which links the individual with the numinous, i.e., the microcosm with the macrocosm. A truth innate to things, the soul is difficult to describe and to interpret. But while we may not be able to talk about it, we do have a sense of what it is, for we feel little connection with a person who lacks a soul, or a soulless work of art.

To psychologists, the "soul" is the ground, the anchor of the personality. They use specific techniques to gain access to the "soul". The artist, on the other hand, is faced with two sets of problems: first, he aspires to gain access to the truth - the "substance" - of things, to the "doors of perception" and to his own "first cause"; second, he desires to use his art to give expression to this truth, soul, first cause, or whatever else it might be called, so that his art does not speak to him alone, but to all persons. The artist is a person who wants the souls of both living beings and objects to speak to him so that he can translate their language into images which will then speak to the viewer. He exerts himself to gain access to his own soul and to provide visual expression to its metaphors. He looks for techniques and conditions which might provide access to the soul (which we may also refer to as the inner world, inspiration, flood of images, or creativity). To be sure, he searches as well for ways to market his work and to develop his own unique style - but these are other considerations.

Because the term *psychedelic* is derived from the Greek *psyche* (= mind) and *delos* (= visible, manifest), we can also use the term to refer to a type of art whose heart, or better, soul, is concerned precisely with that which we have just discussed: the effort to gain access to and make visible one's own mind as well as hidden aspects of the world that is to be portrayed.

In their 1968 standard *Psychedelic Art*, Masters and Houston referred to the psychedelic artist as one "whose work is clearly influenced by the psychedelic experience and who recognizes and admits the influence of this experience upon his work". They defined psychedelic art as "works of art which attempt in some way to communicate or induce the psychedelic experience or which at least attempt to make some aspects of expanded consciousness, of artificially expanded consciousness, understandable".

Since it is often difficult - if not impossible - to determine whether certain pictures do indeed reflect experiences with drugs (for reasons which will be discussed in more detail below), it can be argued that Masters and Houston's term *psychedelic painting* is too narrow in scope. If we examine the biographies of certain artists and consider the descriptions of their works, it can be seen that reports of psychedelic experiences often agree well with reports of visionary states. In fact, paintings of visionary and psychedelic experiences are all but identical in both style and content, and the protocols of psychedelic sessions often reveal a strong sensitivity to the paintings of such artists as Bosch, Grünewald, and Brueghel; artists whom I characterize as *visionary*, for while it is indeed likely that many of their works were based upon drug

experiences, this assumption is difficult to prove. This limitation notwithstanding, characterizing these artists as visionary acknowledges that the pictures they painted had far-reaching effects upon later generations.

The early experiments with mescaline, peyote, cocaine, hashish, and marijuana which were carried out from the beginnings of the nineteenth century up until the 1930's were conducted with a degree of openness, tolerance, and creative curiosity towards these new domains of experience and perception which is astonishing from the perspective of today.

Around the turn of the century, many writers were probing the effects which hashish, opium, and marijuana could have upon their imaginations and discussing their experiences with their colleagues. One group which emerged around the use of these substances was *Le Club des Haschischins*, whose members included Gérard de Nerval, Théophile Gautier, and Charles Baudelaire. Other authors of the time whose works either explicitly or implicitly mirror states induced by drugs include Robert Louis Stevenson and Sir Arthur Conan Doyle. Up until around 1900, however, most experiments of this kind were carried out by writers; among painters, we find no first-hand accounts of the effects of psychedelics or other drugs upon an artist's work, nor have art historians discussed the possibility.

This situation was to change during the following decades. The studies of mescaline which took place during the 1930's inspired Pablo Picasso and his circle to experiment with drugs, particularly cocaine. Henri Michaux began his experiments with mescaline in the 1950's, while the following decade witnessed the most diverse and best documented attempts to investigate the effects of psychedelics upon artistic creativity. In 1961, J. Roubicek studied the influence of psilocybin and LSD upon painters. That same decade, Oscar Janiger conducted his studies of paintings made before, during, and after sessions with LSD. In 1966, the Psychedelic Research Institute of San Francisco State College published a report about experiments in which artists were administered LSD and mescaline. In 1967, Stanley Krippner used a questionnaire to assess the psychedelic experiences of 91 artists and the effects of these experiences upon their art. And Richard P. Hartmann, a physician and gallery owner, administered LSD to visual artists at the Max Planck Institute in Munich during 1968-1970 in order to obtain "important insights into the painting process".

The early experiments with mescaline, peyote, cocaine, hashish, and marijuana which were carried out from the beginnings of the nineteenth century up until the 1930's were conducted with a degree of openness, tolerance, and creative curiosity towards these new domains of experience and perception which is astonishing from the perspective of today. The examples, especially from the field of literature, are illuminating. In contrast, the enormous increase in the use of these substances which took place during the 1960's and the resulting tendency to treat their effects superficially and criminalize their use was to change this picture drastically. While the main arguments in the current debate concerning the relative pros and cons of psychedelics are well known, it is important that we also examine the views of the artists themselves and the researchers who studied them.

At first, the collaboration between artists and scientists was largely fueled by euphoria. Many believed that they stood at the threshold of a new era of psyche and creativity. Studies suggested that the psychedelics stimulated the imagination, increased plasticity and color of the world of internal images, greatly increased powers of spatial perception, quickened or stimulated unconventional solutions to problems, softened rigid perceptual structures, and had many other similar effects. Soon, some began to suggest that psychedelics did not just promote these effects, but even brought them about. This in turn led to the mistaken conclusion that the drugs themselves were creative, and could thus transform any person into an artist. In retrospect, it has become apparent that a multitude of errors were made by the artists, the researchers who observed them, and by the public.

The period when simple descriptions of experiments and visual domains were sufficient was now past, and many in the field began to make programmatic statements. The work of Richard P. Hartmann, who asked 50 artists to paint their LSD sessions and subsequently exhibited the works as "sculptural protocols", provides a good example of the types of mistakes which occurred. Hartmann's goal was to develop a protocol of the painting process itself so as to better understand it. Unfortunately, he gave his

artists LSD only once, and asked them to paint *during* the drug sessions. Hartmann's protocols demonstrate that many artists felt compelled to provide proof of their own personal artistic capabilities. Some believed that the drugs would make it possible for them to demonstrate their true abilities, others that they would negate them. They worked against this by stating that "the drugs can not affect me as an artist." A similar approach was taken by Henri Michaux, who stated: "Mescaline and I, we were more often at odds with one another than we were in agreement. I found myself shaken, broken. but I would not play along." Michaux referred to his self-experiments as "expeditions into internal disturbances" and provided graphological protocols of his experiences. To these he appended his drawings, which were intended to "manifest" his experiences.

As public attitudes about drugs became increasingly negative, many artists responded. At first, they simply began to distrust drugs; later, they condemned them. Ultimately, many would disavow their experiences with drugs entirely. In response to the widespread opinion (held by Michaux as well) that psychedelics could bestow a kind of instant creativity which would spare the artist a great deal of the hard work which caused him to forego so much else, they reacted with the compulsive internal line of reasoning that they were stronger and better than drugs. Eventually, many would react as Ernst Fuchs did, keeping their drug experiences secret, or even denying them altogether.

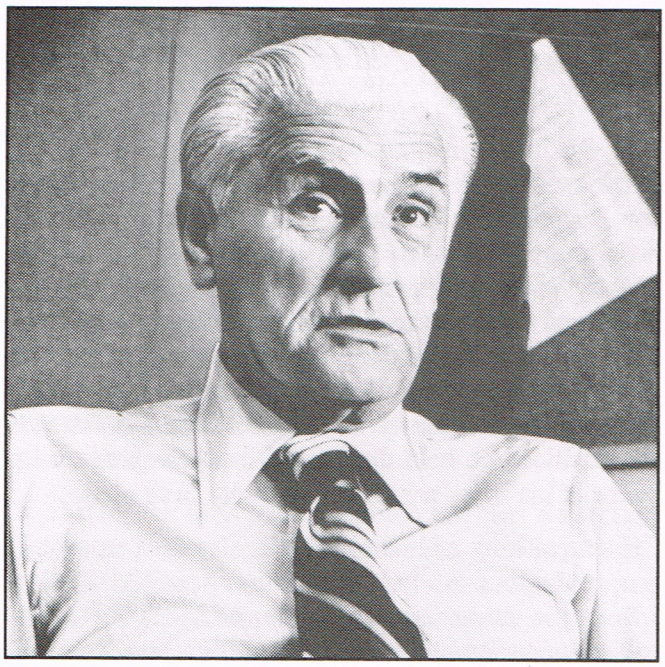
Even now, the idea that the psychedelic experience might play a role in the process of artistic creativity is usually greeted with the same type of naive horror we find expressed in the law which the Spanish Inquisitors applied against the use of peyote by the Aztecs and the Huichol Indians of Mexico: "We, the Inquisitors against heretical perversity and apostasy, by virtue of apostolic authority declare, inasmuch as the herb or root called peyote has been introduced into these provinces ... it is an act of superstition, condemned - as opposed to the purity and integrity of our Holy Catholic faith. The fantasies suggest intervention of the Devil, the real authority of this vice."

Yet today, we have also realized that it is hardly possible to express through painting the rapidly accelerated and enhanced flow of images which result from the use of psychedelics. We know as well that the psychedelic experience cannot replace artistry or bring it about, but can only augment that which is already present or, in special cases (such as that of Isaac Abrams), trigger artistic expression. The psychedelic experience is not a means to instant creativity, but it can be a method for collecting raw materials. When an artist possesses sufficient technical expertise, then these raw materials can be translated into pictures.

Claudia Müller-Ebeling is an art historian specialized in the painting of fin de siècle *France. She produced a catalogue of the Jugendstil collection of the Museum of Fine and Applied Arts in Hamburg, Germany, and has published extensively on a variety of subjects. She is currently a doctoral candidate at the University of Nijmegen, Holland, where she is writing her dissertation on the influence of the motif of the temptations of St. Anthony on the work of the French artist Odilon Redon.*

SIDNEY COHEN, M.D. - A REMEMBRANCE

Betty Grover Eisner, Ph.D.



Sidney Cohen, M.D. (1910-1987)

Sidney Cohen was one of the leading figures in the field of research on psychoactive drugs. The Spring of 1992 marks the fifth anniversary of his death on May 8, 1987. In this remembrance, written by one of Dr. Cohen's long-time collaborators, we look back at his achievements.

> What is a rationalistic, materialistic, rather non-believing society to do with the visionary drugs? Should they be totally prohibited? Who should have access to them - the scientist doing research? the psychotherapist? the philosopher who wants to explore his mental processes? the artist who hopes for an enhanced creativity? the mystic? the hedonist?
>
> Sidney Cohen
> *The Beyond Within*, p. 242

This tough and penetrating question was posed by one of the toughest and most penetrating research minds of the last four decades, the late Sidney Cohen.

With dark, piercing eyes, a succinct and relentless method of interrogation, a disposition that tolerated fools very little and those who wasted time even less, Sid was a major figure in the field of research on mind-altering drugs. From his comprehensive, ground-breaking paper on the toxic psychoses and related states in 1953 to his 1989 paper on "The Hallucinogens and the Inhalants", his life's work spanned the entire spectrum of drugs subject to use and abuse, with most of his later work involving alcohol. His research, both alone and in collaboration, dealt not only with such psychedelic drugs as LSD, psilocybin, and marijuana, but with the tranquilizers as well. In retrospect, it was probably society's increasing abuse of drugs, from psychedelics to alcohol and cocaine, which tempered his initial enthusiasm and belief in the "visionary" drugs. Yet the question he posed, "What should a materialistic society do with visionary drugs?", is still unanswered today.

Sid Cohen had the most probingly analytical mind in the field of psychosomatic medicine and psychiatry I have ever known, and he had a particular talent for research. Besides a creative and fertile mind, he possessed the capacity to construct elegant and incisive studies. New discoveries seemed to flow from the results with little need for pedantic statistics or convoluted discussions.

From the time he first heard about them from Humphry Osmond, Aldous Huxley, and Al Hubbard, Sid had a profound attraction to the psychedelics. He was his own first subject, but was extremely tight-lipped about anything even vaguely self-revelatory (despite an anonymous report of his own LSD experience which appeared in *The Beyond Within*). It was a profound attraction that flourished amid many surprising findings and new areas of discovery.

This attraction cooled when LSD and psilocybin became street strumpets, and when many of their users behaved so irresponsibly that they fulfilled Sid's prediction that if the hallucinogens became widely abused they would be withdrawn, and legitimate researchers would have nothing to do with them.

But the luxurious creativity of those first years when Sid began his research on LSD!

I remember the first preliminary study with volunteers - psychiatrists, physicians, psychologists, and nurses. Then came a study of the possibility that LSD might

have therapeutic potential where I was the therapist. This study was followed by an examination of the feasibility of using LSD with the terminally ill, since it reduced pain and seemed to ease transitions. There were studies on pain and others with alcoholics; there were discussions of the possibility of having clinics where individuals who wanted to experience this new class of drugs could go for a controlled and safe "journey". And, of course, there were the follow-up studies on long-term effects, on adverse reactions and "bad trips", and on contraindications. Each new drug was examined as it appeared: psilocybin, ALD, ololiuqui, etc., yet he would also return to his work on mescaline and marijuana.

Sid had the genius to envision a frontier, to choose people to explore it with him, and the skills to illicit incisive reports from his research associates. The subsequent publications clearly articulated the results not only for colleagues, but also for the world at large. Now, more than 25 years after it first appeared, *The Beyond Within*, his classic book on LSD, is still one of the most helpful sources for understanding psychedelic drugs. Robert Kirsch, the late book editor of the Los Angeles Times, praised *The Beyond Within* as "a model of that kind of writing so necessary in the marriage of science and the humanities ..." It seems ironic that such a lucid and warm book should have been written on the gray coast of Denmark, where cold fingers necessitated his huddling by a stove.

Sid didn't neglect any possibility: just ask his family. They can tell you about that banana caper long ago, when reports were circulating that the pulp from banana peels was the latest flying carpet of higher consciousness. Wife Ilse, son Richard, and daughter Dorothy will recall the 150 pounds of bananas that Sid dragged home from the grocery store and peeled so that he could bake the scrapings - - to the utter chaos of the Cohen kitchen. The bananas, alas, had no transcendental effects, but Sid had nailed another rumor to the wall.

Sid was educated at City College of New York and Columbia University, and received his M.D. in 1938 from Bonn University in Germany. He served his internship at Jamaica Hospital in New York and completed his residency in internal medicine at the Wadsworth Veterans Administration Hospital in Los Angeles. In 1954 he joined the faculty of the UCLA School of Medicine, and throughout his tenure there, held positions in the departments of Internal Medicine, Psychosomatic Medicine, and Psychiatry. He was promoted to Clinical Professor in 1970.

At various times during his lengthy career he served as Chief of Psychosomatic Medicine at the Wadsworth Veterans Administration Hospital, head of The National Institute of Drug Abuse (NIDA), Director of The Division of Narcotic Addiction and Drug Abuse of The National Institute of Mental Health, and as consultant to the White House Special Action Office for Drug Abuse Education. The author of over 300 articles and books, he was also editor of the journal "Mind" in its early years. Then, for some thirty years, he served on the editorial board of "Psychosomatics". He was also editor of the "Drug Abuse and Alcoholism Newsletter" and the "Drug Abuse and Alcoholism Review" from the early 1970's until his death. Most of the positions he held during the last fifteen to twenty years of his life were concerned with drug abuse.

Sid served long and admirably in his effort to educate our acting-out society about the potential dangers inherent in the use and abuse of substances not natural to the human body. He was as rigorous a teacher as he was a researcher, and if a student didn't really want to learn, then he was told to go somewhere else and to please not bother him.

Sid didn't neglect any possibility: just ask his family ... about ... the 150 pounds of bananas that Sid dragged home from the grocery store and peeled so that he could bake the scrapings...

In 1963, at a seminar on "The Mind and its Capabilities" held at the RAND Corporation, Sid stated his opinion that drugs like LSD took individuals into a state beyond the control of the ego, where a "super-reorganization" of faculties appeared to occur. He described this area as the possible source of creative thinking and inspiration, and called it "unsanity" as opposed to "sanity" and "insanity". He felt that it was related to such states as the "satori" of the East and to certain religious experiences of the West. Certainly, this was not disorganization, but neither was it rational awareness.

From the beginning, Sid warned of the possible dangers and complications that might occur with psychedelics. His concern intensified with the

appearance of black-market supplies of these drugs, and with their increasingly casual and heedless use. Also, once the legal source of drugs was cut off, who knew what was being sold as LSD or psilocybin? After a series of caveats in *The Beyond Within*, he clarified:

> Lest this long list of the encountered complications give the impression of complete condemnation of these agents, it must be restated that when under proper administration they are quite safe. If drugs are given to emotionally healthy groups for research investigations, the dangers are insignificant. When the drugs are carefully used by able psychiatrists on selected patients for therapeutic purposes, the risks are slightly greater but may not exceed those of other treatment procedures. Nor is therapist breakdown a hazard to the stable physician who uses LSD for his patients' needs, not his own (p. 221).

Sid Cohen's life was spent trying to learn what might be beneficial for humanity, and in educating people about his findings. In his later years, he seemed to feel that he was one of a few lone voices crying in the wilderness, but this only caused him to redouble his efforts. Alas for earlier times when, by his own account, he felt LSD's "Protoplasmic joy - cellular gladness". How greatly this contrasted with the increasing misuse and outright abuse of mind-altering drugs which he witnessed during his later years.

But for me as his colleague, no piece of information was too far out or too insignificant for Sid to listen to carefully. Nothing seemed to surprise him; nothing seemed to be impossible. But I had better have my facts straight and to the point. While Sid always wanted to explore the new and unusual, he insisted on doing it rigorously, succinctly, and most of all, accurately.

The world of research lost a true explorer when it lost Sidney Cohen.

Betty Grover Eisner, Ph.D., is a retired clinical psychologist and former Research Associate of the late Sidney Cohen while he was at the Veterans Administration Hospital in Los Angeles. She was the first subject in Dr. Cohen's initial LSD study. She then worked with Dr. Cohen as the therapist for the first West coast study of the therapeutic potential of LSD. She is the author of numerous articles on drug-assisted psychotherapy, some in collaboration with Sidney Cohen. She is currently a member of the Board of Advisors of The Albert Hofmann foundation and lives in Santa Monica, California.

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U.S. GOVERNMENT RECONSIDERS HALLUCINOGEN RESEARCH

Richard Yensen, Ph.D.

On July 14 & 15, 1992, The National Institute For Drug Abuse (NIDA) convened a technical review committee on hallucinogens for the first time in fourteen years. Geraldine C. Lin, Ph.D., from the Biomedical Research Branch, Division of Preclinical Research at NIDA, was the chairperson of the meeting. Dr. Lin said that it was time for an update on psychedelics since illicit use is continuing. Among the invited contributions were papers by Stephen Szara, M.D., D.Sc., Alexander Shulgin, Ph.D., David Nichols, Ph.D., Rick Strassman, M.D., and a host of basic researchers doing primarily animal studies.

Dr. Szara conducted many studies on the tryptamine family of psychedelic drugs during his tenure at the National Institute of Health during the late 1960's. He presented a paper entitled "Are Hallucinogens Psychoheuristic?" which reviewed the history of hallucinogen research and the legal limbo that has almost eliminated research in this area since the late 1960's. He called for new conceptual and methodological approaches to the study of these compounds that might include some of the insights from ecology on the way living systems are interdependent and therefore connected to each other in subtle ways. Dr. Szara listed the unique properties that he feels define a hallucinogen: visual illusions, synesthesias, distortion of time and space, impaired attention, loss of ego boundaries, oceanic feelings, portentousness, religious or mystical experiences, dehabituation, and perhaps most important, individual variability of all these effects.

Dr. Shulgin spoke of his research on the classic hallucinogens and their analogs. He discussed his method of producing novel substances and then having a team of human experts report on their experiences with the new molecule as the only appropriate way to assay psychedelic properties.

Dr. Nichols, of the Purdue University College of Pharmacy, spoke about "Lysergamides Revisited". In this address, he discussed his work with lysergic acid amides, such as ETHLAD (Ethyl nor LSD) and ALLYLAD (Allyl nor LSD), that he has discovered in animal studies to be even more potent than LSD.

Dr. Strassman discussed his FDA approved study of DMT in human subjects conducted at the University of New Mexico School of Medicine. In this study, Dr. Strassman administered both high and low doses of DMT to normal volunteers with previous psychedelic drug experience. The drug was administered with no specific therapeutic intent. There were powerful physiological changes accompanying the profound alterations in consciousness reported by the subjects. Dr. Strassman hopes to continue his work with DMT by studying its effect in women during different times of their menstrual cycle. He also hopes to characterize the dose response curve for other psychedelics using the tools refined in this study.

A difficult and interesting interchange took place around an unscheduled presentation by Henry Abraham, M.D., of Saint Elizabeth's Hospital in Brighton, Massachusetts. He passed out a paper, "Lysergic Acid Diethylamide: Clinical, Therapeutic and Scientific Considerations", co-authored with Andrew M. Aldridge, M.D. This paper presented a negative review of the psychotherapy literature on LSD, asserting that because LSD has been associated with prolonged psychosis and post-hallucinogen perceptual disorder, it should not be used in psychotherapy studies in the future, although the authors support its use in neuroscientific animal research.

I responded by stating that Dr. Abraham's review of the psychotherapeutic literature was cursory. He claims in his paper that the years 1960 to 1968 produced a preponderance of positive reports on LSD psychotherapy followed primarily by negative findings since that time. This conclusion was inflammatory and betrayed a lack of understanding for the impact of legislative and bureaucratic barriers to continued research in this field imposed about 1968. Dr. Abraham then gave a verbal presentation concerning patients from emergency rooms in the Massachusetts area who complained of perceptual changes involving colored spots in the visual field that persisted for years after they took LSD illicitly. I suggested that his results were intriguing, but his subject population was skewed, too small, and contained no subjects from legitimate studies with LSD. These shortcomings, I felt, argued strongly against generalizing his preliminary results into global statements against LSD psychotherapy research.

Despite the charged moments of this exchange, the consensus of the meeting was that hallucinogens are a promising area and more research is needed, particularly because this area has been ignored for so long.

The next day, July 15, the Food & Drug Administration

held hearings at another Bethesda hotel. In the morning there was an open meeting on the topic "Aspects of the Study and Review of Hallucinogenic Drugs". Curtis Wright, M.D., Medical Review Officer for the Pilot Drug Evaluation Section of the FDA, began the meeting of the Drug Abuse Advisory Committee by describing some of the FDA's regulatory concerns when dealing with hallucinogens. First, the FDA is concerned about widespread illicit use and premature claims for psychotherapeutic utility. They are concerned that positive studies that give an appearance of being definitive could create the danger of premature demands for more widespread application of these compounds. It is this writer's impression that Dr. Wright was particularly concerned about MDMA in this regard, although he did not single out this compound. He stated that there can be *no special means of evaluating these drugs*. They must be treated the same as all other drugs.

Dr. Wright then indicated that he was aware of the prior two days of NIDA meetings and requested that Dr. Lin address the group. She stated that the NIDA meetings arrived at a consensus that hallucinogens are in need of more research and offer great potential for further understanding in a number of areas. There is potential in animal studies for further understanding of neural substrates and for evaluating hallucinogenic activity. There appear to be indications that 5-HT2 and 5-HT1c are neurotransmitters involved in the hallucinogenic action of these drugs. She called for further research on both pre-clinical and clinical levels, adding that there was no substitute for human studies in this area. She indicated that there had been some debate on just what a hallucinogen might be and whether "hallucinogen" was indeed the proper term. She closed by saying that a NIDA Research Monograph will be forthcoming from this meeting.

David Nichols, Ph.D., presented details of how his laboratory has been able to prepare hallucinogens of sufficient purity for human experimentation. As an example of this process, he described synthesizing N,N Dimethyltryptamine for Dr. Rick Strassman's study at the University of New Mexico.

George Ricaurte, M.D., Ph.D., of Johns Hopkins Medical School and Lewis Seiden, Ph.D., of the University of Chicago presented their concerns over the potential neurotoxicity of compounds they had studied, including MDA and MDMA. Reese Jones, M.D., of the Langley Porter Neuropsychiatric Institute at the University of California in San Francisco was the next speaker. Dr. Jones indicated that he had a long-standing interest in the area of hallucinogens as adjuncts to psychotherapy. He stated that he felt that the area was not so much inherently difficult to research as confounded by so many other factors, including abuse, sensationalistic press coverage, and CIA involvement. He said that LSD is basically not very toxic and offers a quite reasonable risk to benefit ratio when used appropriately by trained researchers. Dr. Jones said that overlooking the promise indicated by early research in this area would be a grave mistake given the current state of psychiatric treatment. For this reason, he indicated that more research is definitely appropriate. He said that good clinical research was going on in the 1960's, and cited specifically the work of McGlothlin, Hollister & Cohen.

Dr. Jones stated that the researcher involved in hallucinogen studies with human subjects must be qualified both as a psychotherapist and as an expert on hallucinogens. There was mention of the importance of the setting in which the drugs are administered as a key determinant of the ensuing experience. He felt recruitment of subjects was a sensitive area and that practicing therapists needed to be careful about recruiting their own patients as subjects for experimentation because they might not be able to give truly informed consent. There must be adequate follow-up in any human study, which should include multiple checkpoints, short-term, six months, one year and longer term follow-up.

Regarding toxicity, Dr. Jones said that if the setting is appropriate and patient selection is careful, there are no indications of real problems with most hallucinogens, with the possible exception of MDA & MDMA. He said that in legitimate research, he has seen great benefits and is prepared as a physician and researcher to give full support to conducting further research in this area.

The next speaker was Dr. Rick Strassman, who spoke briefly about his DMT research and then commented on prior presentations. Dr. Strassman underlined the need for investigators to be trained in managing the regressed states that hallucinogens can elicit in subjects.

Dr. Curtis Wright summarized the committee's recommendations by saying that it is time to go forward with work in this area in the same way research continues in other areas of study. He again mentioned the need for standard procedures and techniques in no way different from other drug studies.

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Aldous Huxley once said that the twentieth century will be remembered as much for the opening of the human mind as for its technological achievements. The psychedelic revolution, ushered in by Dr. Hofmann's discoveries, has had a lasting impact on all areas of society including psychology, literature, art, and music. Hundreds of books and thousands of articles on psychedelics were published worldwide by the late '60s, and today there is a new wave of interest in this material and in the reopening of psychedelic research. Without efforts like those of The Albert Hofmann Foundation, much of this information will be lost or destroyed. Collected and organized, these materials will serve as a valuable resource for future generations of researchers and historians. We urgently need your help in preserving this valuable legacy: please become a member of the Foundation.

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